

CONFIDENTIAL - SECURITY INFORMATION

AMERICAN HEALTH CARE ASSOCIATION, WASHINGTON, D. C.

My Department is in agreement with you and the American Health Care Association in placing upon us the responsibility for providing a coordinated and integrated health care program and local governments in the field. We will continue to support such programs. The public health program is a key element in our Federal program.

Health resources will be made available to all areas of the country. The orientation of these resources will be in the direction of maximum effectiveness. In the event of a nuclear attack, an emergency health program will be initiated and this will be a part of our overall program.

The second and third phases of the program will be to provide for the post-attack period. In the event of a nuclear attack, the direct and indirect effects will be severe and will be felt during the first hours after the attack. It is essential that sufficient intensity of emergency health care be provided in whatever shelter the population may be located. Organized first aid and emergency health care will be initiated to relieve the suffering of the population. This immediate post-attack relief of the public health problems of markedly increased morbidity and mortality of the numbers of civilian work force and population is essential.

In addition, such programs will be essential to deal with the shortage of clothing, food, shelter, and the need for public health control measures. Communicable diseases would be a major problem and health resources available will be directed towards the health needs of the survivors.

It must be realized immediately that the health care program cannot reduce to any significant degree the amount of radioactive fallout. It is essential to have a pound of cure nowhere near as good as a pound of prevention. In fact, a pound of prevention is worth a pound of cure.

Just as no safety engineer should be satisfied with the improved methods of surgery and treatment of the injured because of his savings in safety measures, so the military engineer who has developed improved methods of treating the irradiated soldier should not be exceedingly optimistic concerning the medical treatment which will save the lives of those exposed to the effects of a nuclear attack. It is for a treatment which would be a logical outgrowth of the amount of radiation which would be received in a nuclear attack that an improvised fallout shelter should be developed.

Treatment in addition to that which would be provided in a fallout shelter never be a substitute for the shelter.

Although the death, serious injury, and sickness which would result from a thermonuclear attack may be reduced by the use of fallout shelters, there are seemingly insurmountable difficulties which would be encountered in the event of such an attack, we have considered the possibility of developing a program to assist us in our preparation for such an eventuality. The following operations are some of the major operations which would be required and can be enumerated as follows:

First: It is clear at least in the event of a nuclear attack of great magnitude, most of the population of the United States would be exposed to the most immediate casualties which would be burns, radiation sickness, and burns -- all well-known types of injuries which are caused by the contaminating radioactivity of the nuclear explosion. These injuries are not new and unfamiliar to the general public. They have been well recognized shortly after the atomic bombing of Hiroshima. The use of watch dial painters in the United States has been a source of exposure to active materials. In addition, the experience in Japan and the United States in the experiences in Japan and the United States in the use of radioactive material have been well known.

It is only in the region of the world where there is a lack of adequate medical knowledge and facilities that there would be a certain radiation dosage which would be sufficient to cause the development of leukemia; how much of this would be sterile and how many children have twice or more the normal amount of radiation exposure. Inadequate knowledge in the field of radiation and its effects on the post-attack period.



To provide a better measure of, and control  
the medical support facilities area, which  
would require a lot of supplies. The  
survivor there, and the immediate  
addition of the medical facilities area.

In addition to buying and stockpiling supplies, we will develop more  
efficient methods of utilization of supplies in terms of quantity  
of use, and their prepositioning. We will also study the methods  
they will be needed in post-attack periods, and the methods of  
methods of rotation, storage, and distribution of supplies, and  
deterioration, and loss.

Sixth: We are devoting considerable effort to developing training programs  
and informational material which will assist the local communities  
in developing the capability to respond to a nuclear attack.  
communities in developing the capability to respond to a nuclear attack.  
semiprofessional, and professional personnel. Their  
emergency mobilization plans, and other similar programs. These  
mobilization will be presented in a series of seminars.  
These programs will present a comprehensive, as possible, of available  
knowledge on the protection of the local community. The programs  
as well as the best available information on the health and  
care program in the post-attack period.

And finally, we are developing a cooperative relationship with the local  
a structure consisting of state, local, and community organizations,  
including reserve officers, and reserve units. These units are  
necessary for communities to be able to handle their own  
abilities, and serve as a pattern for the local community in the  
post-attack period.

As my Department conceives its general mission development, and  
support for the emergency operations, and the development of these will  
carry out this role in two parallel ways, and will develop two  
patterns of activity. The first of these, of course, is the one that we  
are and will be carrying out under the FEMA delegation. The second  
development of a detailed plan and program of operations, and the entire  
Departmental resource can be brought to bear during the  
attack periods. Our approach to the local and state level  
will follow this same pattern. In fact, we believe that the government,  
at all levels, cannot accomplish the task of emergency operations if  
is capable unless every local community has the capability to handle  
agencies are able to focus the local resources of the community  
at will on the emergency situation.

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